



# Centre County 9.1.1 Emergency Communications

## Residential Emergency Response Form

Willowbank Building ★ 420 Holmes St., Bellefonte, PA 16823 ★ Fax: 355-6776

<http://www.centrecountypa.gov>; email: [bcberenty@centrecountypa.gov](mailto:bcberenty@centrecountypa.gov)

This information will be used when responding to emergencies at your residence. It may be relayed electronically, or by radio, to police officers, firefighters, paramedics, or other emergency personnel by the staff at Centre County 911 Emergency Communications Center. It will only be shared with emergency responders during an emergency at the address listed below. Completing this form, and providing the personal information it includes, is entirely voluntary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt : \_\_\_\_\_

Borough or Township: \_\_\_\_\_ Lock Box/Entry Code: \_\_\_\_\_

Phone Numbers: including Area Codes

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is there a list of medications or File of Life on your refrigerator? \_\_\_\_\_ If not, where? \_\_\_\_\_

### Medical or Special Needs Information

Special Conditions & Instructions: \_\_\_\_\_

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Allergies: \_\_\_\_\_

### Special Contacts:

(contacts are not called for every 911 call; contact information is a resource only and will be provided to responders if needed)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I have independently made the determination that it is beneficial to me and my family for emergency personnel to have this data. The purpose of this data is to provide emergency responders with distinct information so they can better assist me and my family during an emergency situation. I understand, my completing this form is entirely voluntary. I may refuse to provide material and/or revoke this release of information at any time. It is my responsibility to provide Centre County 911 with changes and/or updates. I concede this information will be reviewed and verified every six (6) months from date of signature. If CC911 does not receive a written reply during the review process, these "remarks" will automatically be eliminated from my address record. Neither Centre County nor any of the government entities (or their employees or subcontractors) are liable for any loss or damage resulting from the good faith exercised by them of their discretion to use — or not use — the provided information.

I have read and agree to the principles listed above. The information I have provided in this form is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_